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United States Senate

COMMITTEES
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ENERGY AND NATURAL RESOURCES
INDIAN AFFAIRS

December 18, 2015

Chairman Tom Wheeler
Commissioner Mignon Clyburn
Commissioner Jessica Rosenworcel
Commissioner Ajit Pai
Commissioner Michael O'Rielly
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Chairman Wheeler, Commissioner Clyburn, Commissioner Rosenworcel, Commissioner Pai, and Commissioner O'Rielly:

Thank you for your recent visits to Montana. I am pleased that the Chairman, Commissioners Rosenworcel, Pai, and O'Rielly had an opportunity to see and hear firsthand about the unique challenges that our rural state faces in the deployment of 21st century communications technologies.

Today, access to high-speed broadband is critical to advance education, civic participation, and economic development. Broadband is also a key component in the delivery of modern quality healthcare. Given our state's vast geography, telemedicine is essential in expanding access to health services, promoting health education, and reducing the cost of healthcare while increasing efficiency and effectiveness.

With few full-service acute care hospitals, many Montanans living in rural and frontier areas of the state rely on smaller primary care, critical access hospitals that provide primarily routine medical/surgical care, with few specialty services. And these small primary facilities, in turn, through telemedicine, rely on regional health care networks for access to board certified, sub-specialty physicians, laboratory services, and various tele-health services.

The FCC's Universal Service programs have played a vital role in enhancing access to high-speed broadband networks in rural America, and specifically in providing the vital communications links necessary to connect various health care facilities across my state. To leverage the power of these broadband data links, however, small rural health care facilities must have adequate and functional internal connections on premise to deliver the value of telemedicine for quality healthcare.

I understand that today, the Commission's Universal Service program does not support internal connections in healthcare institutions, that include wireless and related communications technologies that provide internal connections. The genesis of that decision I believe occurred in the 1990s, prior to the massive innovation and investment that has occurred in the nation's wireless communications networks and technologies.

I also understand that in 2012, the FCC considered but declined to change its approach regarding support for internal connections. At the time, however, the American Telemedicine

Association (ATA) demonstrated that changes to the Commission's rural healthcare program could "encourage building onto and expanding use of existing commercially available wireless services as well as integrating such services with landline networks…[to] greatly reduce the cost of connectivity." As the ATA noted, the use of wireless connectivity could greatly benefit patients in a hospital. They highlighted for the Commission how:

> "[n]ew hospital-based wireless medical monitoring devices allow ubiquitous access from patients to nursing stations, avoiding the tangle of wires common to patient rooms. Such devices also allow vital sign monitors to go with the patient from surgery to post-op, to radiology, etc. rather than requiring patients to be unplugged and re-plugged in at every stop. In addition, wireless connectivity to cell phones and laptops allows physicians to stay connected with their hospitalized patients when the physician is not in the patient's room or even when the physician is outside the hospital."

Since then, innovation in mobile broadband technologies and wireless health have greatly accelerated as reliability for wireless access and mobile bandwidth speeds have increased exponentially. As the cost curve for deployment of wireless internal connection infrastructure technology has dropped, this marketplace reality now enables the FCC to introduce an additional cost savings measure into the existing Universal Service program.

A relatively minor change in the Commission's rules to enable wireless internal connections for the nation's small rural healthcare facilities would introduce the double benefit of expanding choice in the deployment of 21st century networks and facilities to improve the delivery of healthcare for rural Americans, and promote greater efficiency and connectivity cost savings in this important Universal Service program.

I encourage the Commission to initiate a proceeding to examine a rule change that makes wireless internal connections an available option as part of the Universal Service rural healthcare program.

Sincerely,

Steve Daines
United States Senator

FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON

OFFICE OF
THE CHAIRMAN

March 1, 2016

The Honorable Steve Daines
United States Senate
320 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Daines:

Thank you for your letter encouraging the Commission to consider the possibility of providing support to wireless internal connections through the Commission's Rural Healthcare (RHC) Program. Your views are very important and will be included in the record of the proceeding.

I wholeheartedly agree with your view that access to high-speed broadband is a key component in the delivery of modern quality healthcare. Today's broadband networks – wired and wireless – have the potential to revolutionize healthcare like no technology before. Indeed, broadband technology access is critical to participate fully in today's economy. My trip last fall to Montana confirmed the persistent digital divide in this country, with rural communities disproportionately bypassed by the Internet revolution. That is why expanding high-speed broadband connections to all corners of the country is a top priority for the Commission.

The Commission's Rural Health Care (RHC) Program provides support for connections for eligible nonprofit and public health care providers. In December 2012, the Commission, under the leadership of my predecessor, Chairman Julius Genachowski, reformed the universal support programs for health care. This reform resulted in the creation of the Healthcare Connect Fund, which provides a 65 percent discount on high-capacity broadband connectivity to both individual rural health care providers (HCP) and to consortia of HCPs that have a majority of rural sites. However, as you note, the Commission did not at that time extend support for internal connections.

The Commission currently has pending before it a Petition for Rulemaking filed by the Schools, Health & Libraries Broadband Coalition and six consortia, who participated in the RHC Broadband Pilot Program, including the Health Information Exchange of Montana. The Petition contains a number of proposals for many aspects of the RHC Program. The Wireline Competition Bureau sought comment on the Petition and reply comments were due at the end of January. Staff are currently reviewing and analyzing the comments.

While that Petition did not specifically address the issue of internal connections, the record in this proceeding remains open and Commission staff continue to meet with interested stakeholders. It is possible that as the proceeding moves ahead, the issue of wireless internal connections will be raised and reviewed. In addition, Commission staff are available to meet

with your staff, as well as your constituents, regarding their interest in this issue, including whether they wish to file anything in the record.

Please let me know if I can be of any further assistance.

Sincerely,

Tom Wheeler